



## Section 4:

### Personal Prevention Charts

Ask your health care provider how often you need each type of care and the goal you should reach. Then write down the information in these charts. Also, write down the date and results of the care you get or ask your doctor to write down this information. Try to remember to bring the booklet with you each time you see a health care provider. These charts will help you keep track of when you need your next test or checkup and will help you keep track of the medicines you are taking.

## Personal Prevention Chart

Type of Care	How Often	Goal	Date and Results					
(example) Blood Pressure	<i>Once a month</i>	<i>130/70</i>	<i>8/12/98</i> <i>140/80</i>					
Blood Pressure								
Cholesterol								
Weight		<i>Healthy</i> <i>weight for me:</i> _____						
Dental Visits								
Vision								

Ask your doctor or other health care provider how often you need each kind of test. Then write down this information in this record. Ask your doctor to write down the date you receive the tests and the results. Try to remember to bring the booklet with you each time you see a doctor. This record will also help you keep track of when you need your next test or checkup.

Cancer Test Chart									
Type of Care	How Often	Date and Results							
Fecal Occult Blood Testing	Once a year	1/9/99 negative							
Mammography									
Pap Smear									
Sigmoidoscopy									

Write down the date you receive each immunization (shot).

Flu Shot Chart

How often	Date	Date	Date	Date	Date	Date	Date	Date
Once a year starting at age 65								

# Tetanus Shot Chart

How often	Date	Date
Every 10 yrs.		

# Pneumonia Shot Chart

Once at age 65	Date:
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Write down the name of each medicine you take, the reason you take it, and how you take it, in the spaces below. Add new medicines when you get them. You can show the list to your health care provider and pharmacist. You may want to make copies of the blank form so you can use it again.

Medicine Chart			
Name of Medicine	Reason Taken	Dosage/Date Started	Time (s) of day
Penicillin VK 250 mg	To treat my strep throat	1 tablet 4 times a day started 11/22/99	9 a.m., 1 p.m. 5 p.m., 9 p.m.